

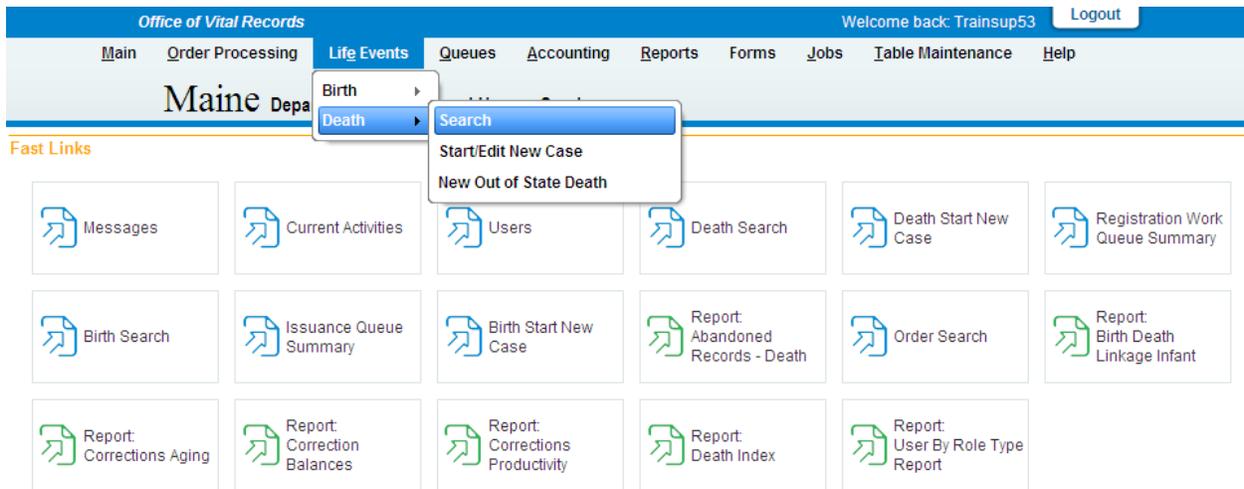
WORKING COPY

How to print a Working Copy from DAVE:

Depending on the role assigned, either Search or Locate the case.

Search and Open a Case

Select Life Events>Birth OR Death>Search



In the example below a search is made for a death record.

Key in the values for any of the search criteria. In the example below the First and Last name values are keyed in for the search.

Select the SEARCH button at the bottom of the screen.

Search for a death record

Search by Identifier: OR Search by Registrant or Data Provider:

Enter one of these items Enter one or more persons/organizations. Last name is required.

File Number: Year:
Number:

Case Id:

ME Case Number:

Medical Record Number:

File Date:

Date of Death: Start:
End:

Place of Death Location Type:

Place of Death:

First Search Person/Organization

Person/Organization:

First:

Middle:

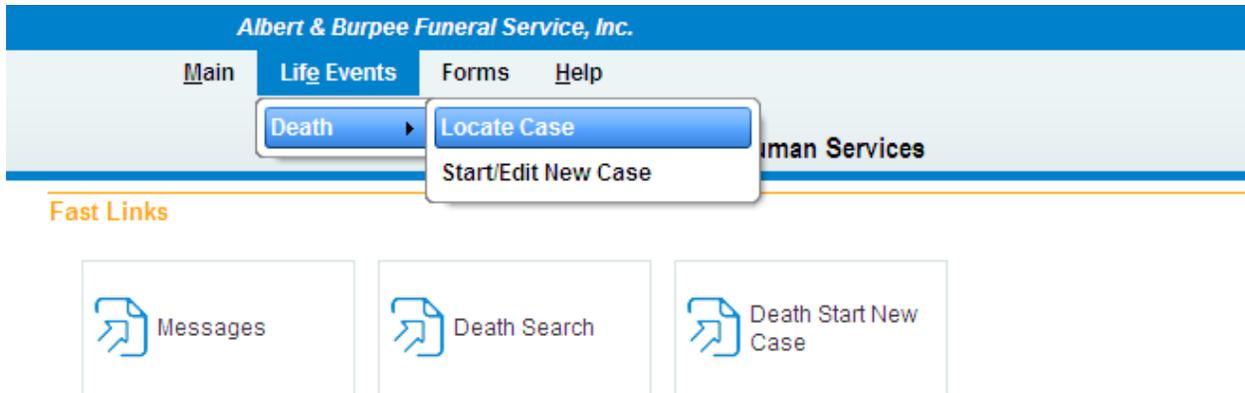
Last:

Gender:

SSN:

Date of Birth: Start:
End:

Maximum records to display:



The locate case page will open as shown below.

Key in any of the desired values to locate the case. In the example below the last name is keyed in for the locate case criteria.

Select the Search button.

Locate Case

Decedent's Information

First: Last: Date of Death:

Gender: SSN: Date of Birth:

Case Id: ME Case Number: Medical Record Number:

Place of Death Location Type: Place of Death:

The results page will open as shown below.

Results

Case Id	Decedent's Name	Date of Death	Gender	Place of Death	Date of Birth	Preview
38088	Bell, James	Oct-21-2013	Male	Kennebec	Jul-09-1911	Preview
Total records : 1						

Click on the blue Decedent's Name link as shown above to open the case. Case is opened as shown below.

Death Registration Menu 38088 2013508631 :James Bell Oct-21-2013 Amendment Exists
 /Personal Valid/Medical Valid/Registered/Signed/Certified/ICD Coding Required/Cause of Death Pending

Personal Information

Decedent

Resident Address

Family Members

Informant

Disposition

Decedent Attributes

Medical Certification

Pronouncement

Place of Death

Registrar

Amendment List

Other Links

Amendments

Attachments

Comments

Event and Issuance History

Order Certified Copies

Print Forms

Validate Registration

Decedent

Decedent's Legal Name

Prefix First Middle Other Middle Last Suffix

_____ James _____ _____ Bell _____

Aliases

Add/Edit Alias Names

Gender Social Security Number

Male 999-99-9999 None Unknown

Date of Birth Years Under 1 Year Under 1 Day

Jul-09-1911 Age 102 Months Days Hours Minutes SSN Verification Status

Verify SSN UNVERIFIED (0)

Decedent's Birth Place

City or Town State Country

Augusta Maine United States

Ever in US Armed Forces? No Yes

Validate Page Next Clear Save Return

Now that the case has been searched and/or located and is opened complete the following steps to print the Working Copy.

1. From the left menu under “Other Links”, click on the Print Forms link as shown above.
2. Select Working Copy as shown below.

Death Registration Menu 38088 2013508631 :James Bell Oct-21-2013 Amendment Exists
 /Personal Valid/Medical Valid/Registered/Signed/Certified/ICD Coding Required/Cause of Death Pending

Personal Information

Decedent

Resident Address

Family Members

Informant

Disposition

Decedent Attributes

Medical Certification

Pronouncement

Place of Death

Cause of Death

Other Factors

Injury

Certifier

Registrar

Identifiers

Amendment List

Other Links

Amendments

Assign Status

Attachments

Birth Death Linkage

Comments

Correspondence

Event and Issuance History

Geo Codes

Nosology

Print Forms

Print Forms

Disposition Permit

Medical Examiner Release Form

Drop to Paper

Drop to Paper Medical

Interstate Exchange Copy

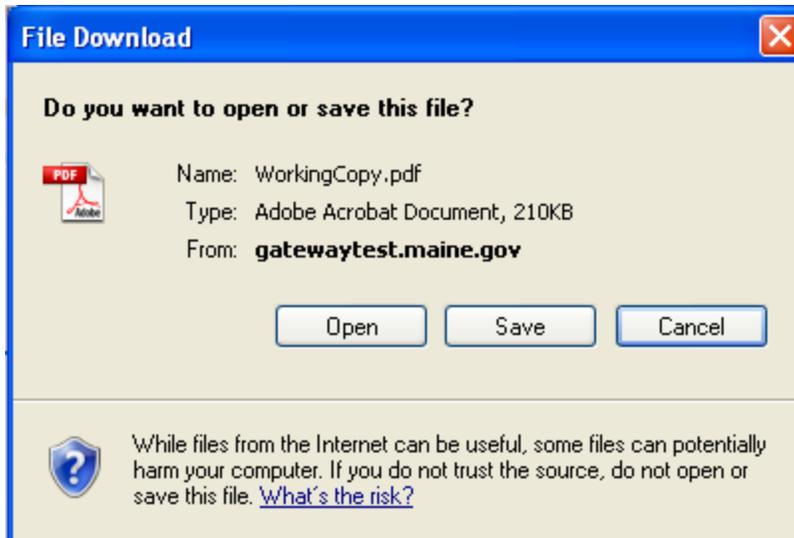
Working Copy

Vault Copy

NOTE: Not all items on this page will display due to type of role. All roles, however, have Working Copy.

Return

3. The File Download dialog box will open as shown below. (Note: depending on your version of Windows/Internet Explorer, this window may appear differently and may appear at the bottom of the screen.)



4. Select the Open button as shown above.
5. The certificate will appear on your screen as shown below in a pdf format (Adobe), and contains a watermark stating “Working Copy”.
6. Select the Printer icon at the top of the certificate as shown below, and Print.
7. Close the .pdf file when done printing.



NAME KNOWN TO PHYSICIAN		DEPARTMENT OF HEALTH AND HUMAN SERVICES				2013-508631		
		CERTIFICATE OF DEATH				State File Number		
DECEDENT	1a. FIRST NAME James		1b. MIDDLE NAME		1c. LAST NAME Bell		1d. JR., etc.	
	2. DATE OF DEATH Actual date of death October 21, 2013		3. SEX Male	4. SOCIAL SECURITY NUMBER Unknown	5a. AGE (Yrs) 102 Last Birthday	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH July 09, 1911
	7. BIRTHPLACE Augusta, Maine			8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No		9. PLACE OF DEATH Decedent's Home		
	10. FACILITY NAME Unknown				11. COUNTY OF DEATH Kennebec		12. CITY OR TOWN OF DEATH Augusta	
	13. MARITAL STATUS Never Married		14. SURVIVING SPOUSE/PARTNER		15. DECEDENT'S USUAL OCCUPATION Teacher		16. KIND OF BUSINESS / INDUSTRY Education	
	17. EDUCATION Master's Degree			18. ANCESTRY Unknown		19. RACE White		
	20. RESIDENCE STATE Maine		21. RESIDENCE COUNTY Kennebec		22. RESIDENCE CITY OR TOWN Augusta		23. RESIDENCE STREET AND NUMBER 65 N Turnip Lane	
	24a. FATHER'S FIRST NAME Paul		24b. MIDDLE NAME Unknown		24c. LAST NAME Bell		24d. JR., etc. Unknown	
	25a. MOTHER'S FIRST NAME Lydia		25b. MIDDLE NAME Unknown		25c. MAIDEN SURNAME Carter			
	INFORMANT		26. INFORMANT NAME Richard Bell		27. MAILING ADDRESS 900 Carnival Lane Augusta, Maine 04330			
DISPOSITION	28. METHOD OF DISPOSITION: Burial							
	29a. PLACE OF DISPOSITION Baker Cemetery			29b. LOCATION (City or Town, State) Moscow, Maine		29c. DATE OF DISPOSITION October 25, 2013		
	30. SIGNATURE OF FUNERAL PRACTITIONER OR AUTHORIZED PERSON → <i>Bill Sargent</i> <small>Signature Electronically Authenticated</small>				31. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Albert & Burpee Funeral Service, Inc. 253 Pine St. Lewiston, Maine 04240			
CERTIFIER	32. CERTIFIER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. Signature and Title → <i>Med Exams Medical Examiner</i> <small>Signature Electronically Authenticated</small>					33. DATE SIGNED October 21, 2013		
	34. NAME AND ADDRESS OF CERTIFIER Med Exams 37 State House Station Street, Augusta, Maine 04333					35. TIME OF DEATH Actual time of death 08:00 AM		
	36. REGISTRAR'S SIGNATURE → <i>Martha C. Henson</i> <small>Signature Electronically Authenticated</small>					37. DATE FILED October 21, 2013		
	38. MANNER OF DEATH Accident							

NOTE: Municipal Clerks may print the Working Copy for reasons below:

1. To maintain in their file. In the event the internet service is down, clerks may issue certified abstracts of a death case, but only after verification has occurred at the State level to ensure that amendments have not been made to the case.
2. To provide a copy to the funeral director for final disposition if the municipal clerk is to issue a Disposition Permit.